

Tommy-Lee S. Ammon #180331070  
 Name and Prisoner/Booking Number  
PIMA COUNTY ADULT DETENTION CENTER  
 Place of Confinement  
PO BOX 951  
 Mailing Address  
Tucson, AZ, 85702  
 City, State, Zip Code

<input checked="" type="checkbox"/> FILED	<input type="checkbox"/> LODGED
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> COPY
SEP 26 2018	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY: <u>LL</u>	DEPUTY

IN THE UNITED STATES DISTRICT COURT  
 FOR THE DISTRICT OF ARIZONA

Tommy-Lee Shane Ammon,

Plaintiff,

v.

United States of America,

Defendant(s).

CASE NO. CV-18-00374-TUC-JGZ

APPLICATION TO PROCEED  
 IN FORMA PAUPERIS  
 BY A PRISONER  
 CIVIL (NON-HABEAS)

I, Tommy-Lee Shane Ammon, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

In support of this application, I answer the following questions under penalty of perjury:

- Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained? ☐ Yes ☒ No If "Yes," how many have you filed? N/A.  
 Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? ☐ Yes ☐ No If "Yes," how many of them? N/A.
- Are you currently employed at the institution where you are confined? ☐ Yes ☒ No  
 If "Yes," state the amount of your pay and where you work. N/A
- Do you receive any other payments from the institution where you are confined? ☐ Yes ☒ No  
 If "Yes," state the source and amount of the payments. N/A

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? ☐ Yes ☒ No

If "Yes," state the sources and amounts of the income, savings, or assets. \_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct.

9/21/18  
DATE

*Tommy Lee Shave Ammon*  
SIGNATURE OF APPLICANT

#### ACKNOWLEDGEMENT OF COLLECTION OF FILING FEES FROM TRUST ACCOUNT

I, Tommy-Lee Shave Ammon, acknowledge that upon granting this Application, the Court will order designated correctional officials at this institution, or any other correctional institution to which I am transferred, to withdraw money from my trust account for payment of the filing fee, as required by 28 U.S.C. § 1915(b).

The Court will require correctional officials to withdraw an initial partial payment equal to 20% of the greater of:

- (A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or
- (B) the average monthly balance in my account for the six-month period preceding my filing of this action.

After the initial payment, if the amount in my account is at least \$10.00, the Court will require correctional officials to withdraw from my account 20% of each month's income and forward it to the Court until the required filing fee is paid in full. I understand that I am required to pay the entire fee, *even if my case is dismissed by the Court before the fee is fully paid.*

I further understand that if I file more than one action, correctional officials will be ordered to withdraw 20% of each month's income, for each action, simultaneously. Accordingly, if I have filed two actions, correctional officials will withdraw 40% of my income each month; three actions will require 60% of my income each month, etc.

DATE

*Tommy Lee Shave Ammon*  
SIGNATURE OF APPLICANT

#### CERTIFICATE OF CORRECTIONAL OFFICIAL AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, Martinez, certify that as of the date applicant signed this application:  
(Printed name of official)

The applicant's trust account balance at this institution is:

\$0.21

The applicant's average monthly deposits during the prior six months is:

\$38.33

The applicant's average monthly balance during the prior six months is:

\$0.14

The attached certified account statement accurately reflects the status of the applicant's account.

09/21/18  
DATE

*[Signature]*  
AUTHORIZED SIGNATURE

8632  
TITLE/ID NUMBER

Pine County Jail  
INSTITUTION